

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011104

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 002

Registrar's No.

1354

VS 300
Rev. 4/59

1

23058

3

4 0

5 3

6

7 0

8 0

9 1992

10

11

12 57-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Frank Ellis

FILED MAR 26 1962

1. PLACE OF DEATH
a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City

Length of stay in lb

50 days

c. FULL NAME OF (If NOT in hospital, give last name)
HOSPITAL OR INSTITUTION

General Hospital

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

a. STATE

mo

b. COUNTY

Jackson

c. CITY
OR TOWN

Kansas City

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

483 Bonnelly

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

Harold Thomas Kerr

4. DATE
OF DEATH

3-7-62

5. SEX

male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

5-7-1902

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

melan

10b. KIND OF BUSINESS OR INDUSTRY

Pipe Line

11. BIRTHPLACE (City and state or country)

mo

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

George E. Kerr

13b. MOTHER'S MAIDEN NAME

Leona Jennings

14. NAME OF HUSBAND OR WIFE

Lucille Kerr

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

George E. Kerr 6402 N. Nevada

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Metastatic CA to vertebra, primary site unknown

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-16-62 to 3-7-62 and last saw him alive on 3-7-62
Death occurred at 6:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

E. Frank Ellis

(Degree or title)

22b. ADDRESS

2400 Cherry

22c. DATE SIGNED

3-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

3-7-62

23c. NAME OF CEMETERY OR CREMATORY

union

23d. LOCATION (city, town, or county)

Bacanth mo

(State)

24. FUNERAL DIRECTOR

Gene-m'clure R.C. mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

3-7-62

26. REGISTRAR'S SIGNATURE

Keith Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.